

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)
DOMESTIC VIOLENCE ASSISTANCE PROGRAM
PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. **GRANT AWARD NUMBER:** DV09241205 **DATE OF SITE VIST:** January 20, 2010
2. **GRANT PERIOD:** July 1, 2009- June 30, 2010
3. **RECIPIENT/IMPLEMENTING AGENCY:** YWCA Sonoma County
4. **PROJECT DIRECTOR:** Jennifer lake

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
Alicia Sims	Shelter Manager	YWCA Sonoma County
Jacque Reid	Community Service Manager	YWCA Sonoma County
Kelly Walton	Database/ IT Administrator	YWCA Sonoma County
Jennifer Lake	Project Director	YWCA Sonoma County
Denise Frey	Executive Director	YWCA Sonoma County

Signature of Program Specialist

Date

Signature of Section Chief

Date

Signature of Project Representative

Date

6/23/2010

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW

YES NO N/A

1. OPERATIONAL DOCUMENTS

Review hard copy/verify the ability to access on line:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: A copy of the current Recipient Handbook was available. The Approved Grant Award Agreement and the documentation relevant to the grant was contained in a single file and accessible for review. The project is familiar with OMB Circulars as well as how to access them.

2. FIDELITY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATION (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the certificate show: | | | |
| ○ Bonding company name | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond number | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Description of coverage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Amount of coverage (50% of allocation) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond period | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Grant award number | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Employee Dishonesty, Form A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Forgery Coverage, Form B | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: The fidelity bond was available for review. All of the relevant information was identified, and a copy of the bond was received.

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| • Does the project have their CEQA documentation on file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments: The project did not have any CEQA documentation. The project was referred to the City or County Environmental Management Agency responsible for certification. The project will be required to document corrective action within 60 days.

4. PROOF OF AUTHORITY (R.H. Section 1350)

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? *Ask for copy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

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A. ADMINISTRATIVE REVIEW

YES NO N/A

Comments: Minutes from a meeting of the Board of Directors indicates the resolution was passed in the beginning of January.

5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified? ☒ ☐ ☐

Comments: A detailed organizational chart for the entire agency was provided. Budget positions were identified on the chart.

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (*Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.*) ☒ ☐ ☐

A modification is needed for the following:

- ☐ Budget changes
- ☐ Change in key personnel
- ☐ Adding/changing additional signers
- ☐ Change goals/objectives, or activities
- ☐ Address change
- ☐ Other

Comments: The project staff are familiar with the times and circumstances a budget modification may be necessary.

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130] ☒ ☐ ☐
- Do policies include:
 - Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions ☒ ☐ ☐
 - A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☐ ☒ ☐
 - Work hours ☒ ☐ ☐
 - Compensation rates ☒ ☐ ☐
 - Overtime ☒ ☐ ☐
- Did the Board approve the agency's current personnel policy? ☒ ☐ ☐

Comments: Policies include a Drug Free Workplace policy statement. However, signed statements are not included on file in the Personnel files. Corrective action on this issue will be required within 60 days of the receipt of this report.

8. FUNCTIONAL TIMESHEETS

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A.	ADMINISTRATIVE REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
	• Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: The project uses a Time Study Allocation. The Time Study Allocation reflects the positions identified in the Grant Award Agreement.

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Name of individual who approves purchases.
Denise Frey or Jennifer Lake | | | |
| ○ Name of individual who writes checks.
Julie LaFranchi | | | |
| ○ Name of individual(s) who signs checks.
Denise Frey and Jennifer Lake | | | |

Comments: Purchases can be initiated by the Project Director of the Executive Director. The check must be issued by the Financial Officer, and both the Project Director and the Executive Director must endorse the check.

10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments: Records indicate expenditures by fund source. Records also detail requests for reimbursement that have been submitted as well as their status.

11. PROJECT EXPENDITURES

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A.	ADMINISTRATIVE REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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- Is the project up-to-date with the submission of Cal EMA Form 2-201?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: The project is currently submitting a Modification for the DR grant. The final 201 has not yet been submitted, but will be submitted upon modification approval.

12. MATCH REQUIREMENTS

- Does the project have a match requirement?
- Is the project meeting the match requirement?
- Review the supporting documentation to substantiate cash or in-kind match.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: The project bases its in-kind match contribution on an average of positions with similar duties and job descriptions.

13. EEO POLICY

- Go over EEO checklist. (Separate document)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

B. PROGRAMMATIC REVIEW

YES NO N/A

GENERAL

1. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives? ☐ ☒ ☐
- Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives? ☒ ☐ ☐

Comments: The project is currently conducting a mid-year review in order to evaluate the progress of goals. Early estimates indicate a modification will be necessary in order to meet projected goals.

2. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements. ☒ ☐ ☐

Comments:

3. SOURCE DOCUMENTATION – Programmatic

- Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form? ☒ ☐ ☐
- Review the project's file system and data collection process.

Comments: The project uses a database system and tracking tool they developed for statistical reporting. Records measured using this tool are comprehensive, and the tool seems effective in recording the required data.

4. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement? ☒ ☐ ☐

Comments: A comprehensive list of current Operational Agreements (OA) proceeds copies of the original signed agreements. The OAs are updated annually and include OAs with local law enforcement agencies, hospitals, and social service agencies.

5. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? ☒ ☐ ☐

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C. SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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DIRECT SERVICES

1. Maintain 24-hour crisis hotline

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Crisis line staffed 24 hours a day, 7 days a week. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on progress report (PR). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. Counseling to adult DV victims

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Free individual and group counseling provided to adult DV victims. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If counseling referred, OA on file with service providers. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: DV Advocates track the services used by clients in order to determine the number and types of counseling sessions held. Other services the clients utilized are also tracked.

3. Business Center

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Business center open during routine business hours. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Staff coverage provided during lunchtime and staff meetings. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

4. Emergency Shelter

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Physical shelter exists | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Emergency shelter provided to DV victims and their children 24 hours per day. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Victims and children with disabilities accommodated. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Children's services provided. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Accommodations for schooling made while children are in shelter. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Written protocol for reporting suspected child abuse in place. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

5. Emergency food and/or clothing

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Emergency food and/or clothing provided to DV victims and their | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C.	SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
	children.			
	• If emergency food and/or clothing is referred, OA on file with service providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• Documentation procedures ensure accurate statistical data on PR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments:			
	6. 24 hour emergency response to Law Enforcement (LE)			
	• Written protocol in place to address LE referrals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Current OA on file with local LE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Documentation procedures ensure accurate statistical data on PR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Comments: A close working relationship with local law enforcement has established a protocol that usually necessitates advocates meeting with clients after the initial law enforcement intervention. Consequently, the original projected goal in this category is seemingly high compared with the number of responses the agency makes. 24 hour response is available as necessary, but is not being regularly utilized by law enforcement.			
	7. 24 hour response to hospital emergency rooms			
	• Written protocol in place to address emergency room referrals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Current OA on file with local emergency rooms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Documentation procedures ensure accurate statistical data on PR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments: 24 hour response is available and utilized.			
	8. 24 hour transportation to shelter or other safe location			
	• Emergency transportation provided 24/7 to shelter to other safe location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Documentation procedures ensure accurate statistical data on PR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments:			
	9. Counseling to children of DV victims			
	• Free, age-appropriate counseling provided to children of DV victims.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• If counseling is referred, OA on file with service providers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Documentation procedures ensure accurate statistical data on PR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Meeting objective as proposed in Grant Award Agreement/ Cal EMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C.	SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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2-101.

Comments:

10. Court and Social Service Advocacy for DV victims

- Victim advocacy to social services agencies provided.
- Court accompaniment provided.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/ Cal EMA

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2-101.

Comments:

11. Legal Assistance

- Legal assistance with TRO's and other protective and/or custody orders.
- If legal assistance is referred, OA on file with service providers.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2-101.

Comments:

12. Local community services

- Involvement in local DV Council or other collaborative partnerships.
- Referrals made to other agencies in the DV services network.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2-101.

Comments:

13. Household establishment

- DV victims receive assistance establishing a new residence.
- If household establishment assistance is referred, OA on file with service providers.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2-101.

Comments:

40-HOUR TRAINING

1. Can the project ensure advocates working with victims meet the

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C.	SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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requirements of a “domestic violence counselor” pursuant to Evidence Code §1037.1(a)(1)?

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project have a current Training Summary/Training Syllabus which meets the requirements of Training Curriculum Resource and Development Guide? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

ADDITIONAL REQUIREMENTS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Do the written policies pertaining to the provision of all services are inclusive of all domestic violence victims and their children per the RFA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project provide alternative shelter and other services through motel vouchers and referrals, to the best of their abilities, to all victims of domestic violence served through this program per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project have a children’s program in their shelter facility per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project make arrangements for school aged children to continue their education during their stay at the shelter per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 5. Does the project have a documented for the handling and storage of confidential client information per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

D. ADDITIONAL COMMENTS:

NOTES: See section specific comments above. All of the information noted in this review was discussed with the Project Director during the initial review.